



Wheaton Franciscan Sisters Corporation

EMPLOYMENT APPLICATION

Email completed application to: RKennedy@wfsisters.org

PLEASE PRINT OR TYPE			Today's Date: _____	
_____	_____	_____	_____	
<i>First Name</i>	<i>MI</i>	<i>Last Name</i>	<i>Preferred Name/Nickname</i>	
_____	_____	_____	_____	_____
<i>Street Address</i>	<i>Apt #</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
_____	_____	_____		_____
<i>Home Phone</i>	<i>Alternate/Work Phone</i>	<i>Email Address</i>		

PLEASE PLACE A CHECK BY YOUR RESPONSE OR PROVIDE THE APPROPRIATE INFORMATION				
Are you interested in:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Temporary	
What schedule would you prefer?	<input type="checkbox"/> Weekdays	<input type="checkbox"/> Weekends	<input type="checkbox"/> Evenings	<input type="checkbox"/> Nights
How did you hear about the position?	<input type="checkbox"/> Classified Ad	<input type="checkbox"/> Friend (Name)	<input type="checkbox"/> Radio	<input type="checkbox"/> Internet
Desired Pay:	Hourly Pay	\$ _____	Annual Pay	\$ _____
	(Minimum, if applicable)		Minimum	Desired
When are you able to start work?	Date: _____			
Position desired:	_____			

PLEASE CHECK YES OR NO TO THE FOLLOWING:	
Are you authorized to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Federal law requires that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with these laws, the Wheaton Franciscan Sisters Corporation will verify the status of every individual offered employment with the Company. In this connection, all offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization.	
Are you under 18 years of age?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, can you furnish a work permit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you capable of performing the essential functions of the job for which you are applying with or without a reasonable accommodation?	<input type="checkbox"/> Yes <input type="checkbox"/> No

The Wheaton Franciscan Sisters Corporation is an equal opportunity employer and does not discriminate against any applicant or employee because of race, color, religion, sex, national origin, disability, age, or military or veteran status in accordance with federal law. In addition, the Wheaton Franciscan Sisters Corporation complies with applicable state and local laws governing non-discrimination in employment in every jurisdiction in which it maintains facilities. The Wheaton Franciscan Sisters Corporation also provides reasonable accommodation to qualified individuals with disabilities in accordance with applicable laws.

PLEASE LIST YOUR WORK EXPERIENCE BELOW (MOST RECENT JOB FIRST)

You may also include any verified work performed on a volunteer basis.

	COMPANY NAME			YOUR POSITION and TITLE
FROM ____ / ____ Month Year	NO. & STREET			SUPERVISOR'S NAME, TITLE and POSITION
TO ____ / ____ Month Year	CITY	STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER
	TYPE OF BUSINESS			
	TELEPHONE NUMBER ()	TERMINATION <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY		REASON
	BRIEFLY DESCRIBE YOUR <u>MAJOR DUTIES</u> AND <u>REASON(S) FOR TERMINATION</u>			

	COMPANY NAME			YOUR POSITION and TITLE
FROM ____ / ____ Month Year	NO. & STREET			SUPERVISOR'S NAME, TITLE and POSITION
TO ____ / ____ Month Year	CITY	STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER
	TYPE OF BUSINESS			
	TELEPHONE NUMBER ()	TERMINATION <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY		REASON
	BRIEFLY DESCRIBE YOUR <u>MAJOR DUTIES</u> AND <u>REASON(S) FOR TERMINATION</u>			

	COMPANY NAME			YOUR POSITION and TITLE
FROM ____ / ____ Month Year	NO. & STREET			SUPERVISOR'S NAME, TITLE and POSITION
TO ____ / ____ Month Year	CITY	STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER
	TYPE OF BUSINESS			
	TELEPHONE NUMBER ()	TERMINATION <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY		REASON
	BRIEFLY DESCRIBE YOUR <u>MAJOR DUTIES</u> AND <u>REASON(S) FOR TERMINATION</u>			

EDUCATION:

NAME AND ADDRESS OF SCHOOL	MAJOR SUBJECT	DID YOU GRADUATE?	TYPE OF DEGREE OR DIPLOMA
HIGH SCHOOL OR PREP			
COLLEGE			
COLLEGE OR GRADUATE			
OTHER			

PROFESSIONAL DESIGNATIONS:

DESIGNATION	ORGANIZATION GRANTING DESIGNATION	CURRENT MEMBER? <input type="checkbox"/> Yes <input type="checkbox"/> No
DESIGNATION	ORGANIZATION GRANTING DESIGNATION	CURRENT MEMBER? <input type="checkbox"/> Yes <input type="checkbox"/> No

PROFESSIONAL LICENSES:

TYPE OF LICENSE	STATE GRANTING LICENSE	LICENSE NUMBER
TYPE OF LICENSE	STATE GRANTING LICENSE	LICENSE NUMBER

REFERENCES: Please list three professional references to be contacted

NAME	RELATIONSHIP	COMPANY	PHONE/ALTERNATE PHONE

PLEASE READ CAREFULLY BEFORE SIGNING APPLICATION

I have submitted the attached form to the company for the purpose of obtaining employment background. I acknowledge that the use of this form, and my filling it out, does not indicate that any positions are open, nor does it obligate the company to further process my application.

My signature below attests to the fact that the information that I have provided on my application, resume, given verbally, or provided in any other materials, is true and complete to the best of my knowledge and also constitutes authority to verify any and all information submitted on this application. I understand that any misrepresentation or omission of any fact in my application, resume or any other materials, or during any interviews, can be justification for refusal of employment, or, if employed, termination from the Company's employ.

I also affirm that I have not signed any kind of restrictive document creating any obligation to any former employer that would restrict my acceptance of employment with the Company in the position I am seeking.

I understand that this application is not an employment contract for any specific length of time between the Wheaton Franciscan Sisters Corporation and me, and that in the event I am hired, my employment will be "at will" and either the Wheaton Franciscan Sisters Corporation or I can terminate my employment with or without cause and with or without notice at any time. Nothing contained in any handbook, manual, policy and the like, distributed by the Wheaton Franciscan Sisters Corporation to its employees is intended to or can create an employment contract, an offer of employment or any obligation on the Wheaton Franciscan Sisters Corporation's part. The Wheaton Franciscan Sisters Corporation may, at its sole discretion, hold in abeyance or revoke, amend or modify, abridge or change any benefit, policy practice, condition or process affecting its employees.

References: I hereby authorize the Wheaton Franciscan Sisters Corporation and its agents to make such investigations and inquiries into my employment and educational history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, and other persons from all liability in responding to inquires connected with my application and I specifically authorize the release of information by any schools, businesses, individuals, services or other entities listed by me in this form. Furthermore, I authorize the company and its agents to release any reference information to clients who request such information for purposes of evaluating my credentials and qualifications.

Temporary/Contract Employment: If employed as a temporary or contract employee, I understand that I may be an employee of the Wheaton Franciscan Sisters Corporation. If employed, I further understand that my employment is not guaranteed for any specific time and may be terminated at any time for any reason.

SIGNED: _____

DATE: _____

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